

**BUREAU OF  
ALCOHOLIC BEVERAGES  
Division of Liquor Licensing  
& Enforcement**



**BUREAU USE ONLY**

License No. Assigned:

Class:

Deposit Date:

Amt. Deposited:

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.

To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

**PRESENT LICENSE EXPIRES** \_\_\_\_\_

|  |          |
|--|----------|
| ف Public Service, Class I Spirituous, Vinous & Malt..... | \$900.00 |
| ف Public Service, Class II Spirituous Only.....          | \$550.00 |
| ف Public Service, Class III Vinous Only .....            | \$220.00 |
| ف Public Service, Class IV Malt Liquor Only .....        | \$220.00 |
| ف Filing Fee (must accompany all applications) .....     | \$10.00  |

***ALL QUESTIONS MUST BE ANSWERED IN FULL***

The undersigned hereby applies for a license as \_\_\_\_\_ to sell alcoholic beverages.  
Steamboat, Railroad Dining Cars, Pullman Cars or Aircraft

|   |            |          |                                 |            |          |
|---|------------|----------|---------------------------------|------------|----------|
| <b>1. APPLICANT(S)</b> –(Sole Proprietor, Corporation, Limited Liability Co., etc.) |            |          | <b>2. Business Name (D/B/A)</b> |            |          |
| DOB:  |            |          |                                 |            |          |
| DOB:  |            |          |                                 |            |          |
| DOB:  |            |          | Location (Street Address)       |            |          |
| Address   |            |          | City/Town                       | State      | Zip Code |
|   |            |          | Mailing Address                 |            |          |
| City/Town   | State      | Zip Code | City/Town                       | State      | Zip Code |
| Telephone Number  | Fax Number |          | Business Telephone Number       | Fax Number |          |
| Federal I.D. #  |            |          | Seller Certificate #            |            |          |

3. Has applicant ever held a liquor license, which was revoked? ف Yes ف No

If **Yes**, give date and record \_\_\_\_\_

4. Has applicant ever been refused a license by this Division? ف Yes ف No

5. Is applicant a Corporation, Limited Liability Co. or Limited Partnership? ف Yes ف No

If **Yes**, complete Supplementary Corporate Questionnaire.

6. If business is New indicate opening date: \_\_\_\_\_

7. Dining Car(s) or Steamboat(s) or Pullman(s) or Aircraft(s)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Dated at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_

Town/City State Month/Day Year

|   |   |
|---|---|
| _____   | _____   |
| Signature(s) of Applicant(s) or Corporate Officer | Printed Name of Applicant(s) or Corporate Officer |